

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE	
097674947			
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/					
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16	/					
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24	/					
25		/				
26		/				
27		/				
28		/				
29	/					
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38	/					
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	39	↔	↔	↔	↔	↔
TOTAL CLAIMS	45					

	*	*	*	*
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87		1		
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.		↔	↔	↔
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				